

## **Michigan Guidance to Severe Acute Respiratory Syndrome Executive Summary**

Severe acute respiratory syndrome (SARS), a newly described infectious disease, was first reported in Asia in February 2003. On March 12, 2003, the World Health Organization (WHO) issued a historic global alert for SARS. Within two weeks, WHO affiliates and the Centers for Disease Control and Prevention (CDC) identified the etiologic agent as SARS-associated coronavirus (SARS-CoV). By the time SARS was considered contained and SARS-CoV transmission had ended in July 2003, it had spread to over two-dozen countries. According to WHO reports, more than 8,000 people became sick and 774 people died worldwide from the disease.

The United States suffered a more limited SARS outbreak than many other countries. There were 161 total cases with 134 classified as suspect, 19 as probable, and 8 as confirmed cases of SARS. Although activity was less severe in the United States, SARS provided a powerful lesson that even developed countries are susceptible to new and emerging infectious diseases. It also reminded the public health community that awareness and preparedness planning are critical for the detection and containment of emerging infectious diseases.

In light of these lessons, the CDC created the *Public Health Guidance for Community-Level Preparedness and Response to Severe Acute Respiratory Syndrome (SARS)*. This document provides planning guidance, strategies and tools for local public health and healthcare officials in the United States in detecting and containing a SARS outbreak. The *Michigan Guidance to Severe Acute Respiratory Syndrome (SARS)* was adapted from this CDC SARS plan.

The Michigan plan includes suggested preparedness and response activities for state and local health departments and health care facilities in response to SARS. The Michigan plan is organized into 7 sections with 2 appendices. Organization of the document follows the CDC plan closely but has been tailored specifically to Michigan's needs in planning for and responding to SARS related activities. The document provides guidance on each of the following key components of SARS preparedness and response:

- **Section 1: Command and Control**
- **Section 2: Surveillance**
- **Section 3: Infection Control Recommendations for Health Care Facilities**
- **Section 4: Community Containment Measures Including Non-Hospital Isolation and Quarantine**
- **Section 5: International Travel Related Risk of SARS**
- **Section 6: Laboratory Guidelines**
- **Section 7: Crisis Communication Plan**
- **Appendix 1: Frequently Asked Questions**
- **Appendix 2: MI SARS Screening Form**

Section 1, **Command and Control**, includes information regarding disease control laws and authorities as well as incident command and management system details. The laws and authorities applicable to the federal, state and local governments are listed in detail. Included is the role and authority of the governor, health officers, judicial authorities, county and municipality authorities and emergency medical personnel/firefighters and fire department authorities. Information on the Incident Command and Management System cite the authorities listed in the Public Health Code and the Emergency Management Act, all of which may require implementation to control a SARS outbreak.

Section 2, **Surveillance**, lists the goals, key concepts and Michigan priority activities as they relate to SARS surveillance. Emphasis is placed on the importance of the SARS surveillance case definition and where that definition can be found. Plans for surveillance of SARS in Michigan are conveniently divided into activities based on the level of SARS activity worldwide.

Section 3, **Infection Control Recommendations for Healthcare Facilities**, highlights the important role of healthcare facilities in preventing and controlling a SARS outbreak. These roles include identifying SARS patients, implementing strict infection prevention and control practices and the need to strengthen and maintain relationships with healthcare partners. Recommended activities are based on the level of SARS activity worldwide.

Section 4, **Community Containment Including Non-Hospital Isolation and Quarantine**, logically follows the previous section. One of the lessons learned from the SARS emergence in 2003 is that SARS can be controlled with the use of basic public health control strategies such as isolation and quarantine. Isolation and quarantine have been used for decades to control the spread of communicable disease. Basic and enhanced activities, based on the level of SARS activity worldwide, are detailed in the following three sections: Isolation of SARS patients, Management of Contacts of SARS Cases and Community-Based Control Measures. Furthermore, state and local responsibilities are outlined in an effort to assist state and local planning initiatives.

Section 5, **International Travel Related Risk of SARS**, discusses strategies to minimize travel related disease transmission. Travel alerts and advisories are discussed and defined, recommendations are made for international entry points and how to manage people at various stages of travel. Information specific to travelers based on the level of activity worldwide and transmission activity in Michigan is also provided.

Section 6, **Laboratory Guidelines**, provides detailed information for Michigan specific testing at Level 0<sup>1</sup>. The appropriateness of testing as well as the steps to take for initiating testing is explicitly outlined in this section. In addition, priority specimens at each stage of disease, biosafety guidelines for Michigan laboratories handling and processing specimens, and collection procedures for each type of specimen are all included to provide specific information regarding SARS laboratory testing in Michigan.

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<sup>1</sup> Lack of known SARS activity worldwide (CDC, 2003)

Section 7, **Crisis Communication Plan**, describes the role of health communications as a tool used to contain a SARS outbreak. A few of the highlights of the communication plan are instilling and maintaining public confidence in the nation's public health system, contributing to the maintenance of order while minimizing public panic and fear, providing accurate and consistent information about SARS, and addressing rumors, inaccuracies and misperceptions as quickly as possible.

The *Michigan Guidance to Severe Acute Respiratory Syndrome (SARS)* is located on the Michigan Department of Community Health (MDCH) website at [www.mi.gov/mdch](http://www.mi.gov/mdch). A SARS link is conveniently located on the MDCH home page where the Michigan plan may be found as well as other important SARS related documents and information.